

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536894

FILING DATE

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		1				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		2				
20		2				
21		1				
22	1					
23		1				
24		1				
25		1				
26		3				
27		3				
28			1			
29				1		
30				1		
31				1		
32				1		
33				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57			1			
58				1		
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			35			